

Foster Family Home - Corrective Action Report

Provider ID: 1-130050

Home Name: Baltazar Mayo, NA

Review ID: 1-130050-8

91-706 Poloula Place

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 10/29/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/29/19.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN 10/29/19
Compliance Manager Date
[Signature] 10/29/2019
Primary Care Giver Date